exchange between the patient and another female patient in which the latter called her names and told her that she would "smash her head" if she ever went into her room again.

Her worries about clothing and laundry, and about her mother confined in a another part of the enormous building, are similarly characterized. The Clinical Record of June 6, 1909, describes her interrupting her reminiscences of a happy home life by "asking every little while if the patients still work at the laundry and wondering if the clothes will ever come back." This concern for clothing and laundry might explain why, as is recorded for June 8, 1909, "the sound of running water seems to affect her" and caused her to "run frightened, confused to the bath-room, [to] stop again and listen." The same entry describes her disorientation as she

> seems to get confused and forgets what she was going to say ... looks out the window as though she were going to tell somebody ... has just a faint idea where she is at the present time, says she thinks its [sic] the Infirmary, but is not quite sure whether she has ever been here before or not.

Such passages seem intended to convey the impression of neurotic behavior, although the behavior they describe is not inexplicable, and possibly no different from anyone's behavior, under stress and disoriented in a hostile and intimidating environment -- and under intense scrutiny.

A new "delusion" is introduced in the entry for August 26, 1909, where it is reported that she "thinks her letters are kept at the office" and "sometimes accuses the nurses of keeping them." They obviously were. This and the related accusation that "her visitors are not allowed in to see her when they call," though substantiated by other material in her file, are recorded here as if they were mere delusions. The statement of August 26, 1909 that she "thinks everyone is deceiving her and telling her untruths," because its subjectivity is highlighted without corroboration (although plenty was available), seems to confirm a diagnosis of paranoia.[cxxviii] It is easy to believe that the patient is living in fantasies and delusions, when only her "thoughts" are presented, without any of their basis in reality. When such a basis exists and clinicians could not but have been aware of it, to exclude it amounts to a deliberate distortion of the record. The record is implicitly "subjectified" to the detriment